

Case Number:	CM14-0010988		
Date Assigned:	02/21/2014	Date of Injury:	04/01/2009
Decision Date:	08/01/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	01/27/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 52-year-old male who has submitted a claim for status post left inguinal repair, left ilioinguinal neuralgia, chronic pain syndrome associated with chronic left inguinal neuropathic pain, and bowel incontinence associated with an industrial injury date of April 1, 2009. Medical records from 2013-2014 were reviewed. The patient complained of left lower quadrant pain rated 7/10 in severity. The pain was aggravated with sitting, standing, walking or lying down. The pain was sharp and burning in quality that extends from the area of his inguinal incision into the left testicle and inner thigh. There was intense left testicular pain on ejaculation. Physical examination showed a left lower quadrant incision. There was dysesthesia and hypersensitivity to light touch in and around the incision, but primarily inferiorly to the incision line extending into the inguinal ligaments. Tenderness was also noted over the incision line, and partial dehiscence may be present. MRI of the abdomen and pelvis without contrast, dated November 9, 2013, revealed suspect terminal ileitis and possible creeping fat high suspicious for Crohn's disease. Treatment to date has included medications, activity modification, left ilioinguinal nerve block, left inguinal herniorrhaphy, and spinal cord stimulator. Utilization review, dated January 9, 2014, denied the request for abdominal wall MRI because it is not recommended except in unusual situations, typical imaging studies for this work up include CT and ultrasound, and a surgeon ruled out a structural issue.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

ABDOMINAL WALL MRI: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS ODG, Hernia Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hernia Chapter, Imaging.

Decision rationale: The California MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, Official Disability Guidelines, Hernia Chapter was used instead. The ODG does not recommend imaging techniques such as MRI, CT scan, and ultrasound except in unusual situations. Ultrasound (US) can accurately diagnose groin hernias and this may justify its use in assessment of occult hernias. In experienced hands US is currently the imaging modality of choice when necessary for groin hernias and abdominal wall hernias. Computerized tomography (CT) may have a place, particularly with large complex abdominal wall hernias in the obese patient. In this case, rationale for the request was not provided. An MRI of the abdomen and pelvis dated November 5, 2013 did not indicate recurrent hernia and is suspicious for a possible Crohn's versus some type of other inflammatory process of the ileum. There is insufficient information to warrant another abdominal MRI at this time. The medical necessity has not been established. Therefore, the request for abdominal wall MRI is not medically necessary.